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ABSTRACT

This booklet, written in response to requests from throughout the nation about how a rape crisis center can be started, presents the history of the founding of the Washington, D.C. center. The booklet offers sections dealing with specific issues. A section discusses, for the rape victim, pros and cons of working with the police, together with the various legal implications. The medical and hospital information section describes hospital procedures and the problems of venereal disease and pregnancy. Additional sections discusses the emergency phone service of the crisis center, transportation and counseling, conducting rape conferences, and publicity. The final section, called "Putting it All Together", covers other important issues not mentioned in previous parts of the booklet. Appendices containing sample forms, bylaws of the rape crisis center, and a mock phone conversation are attached. (Author/BW)

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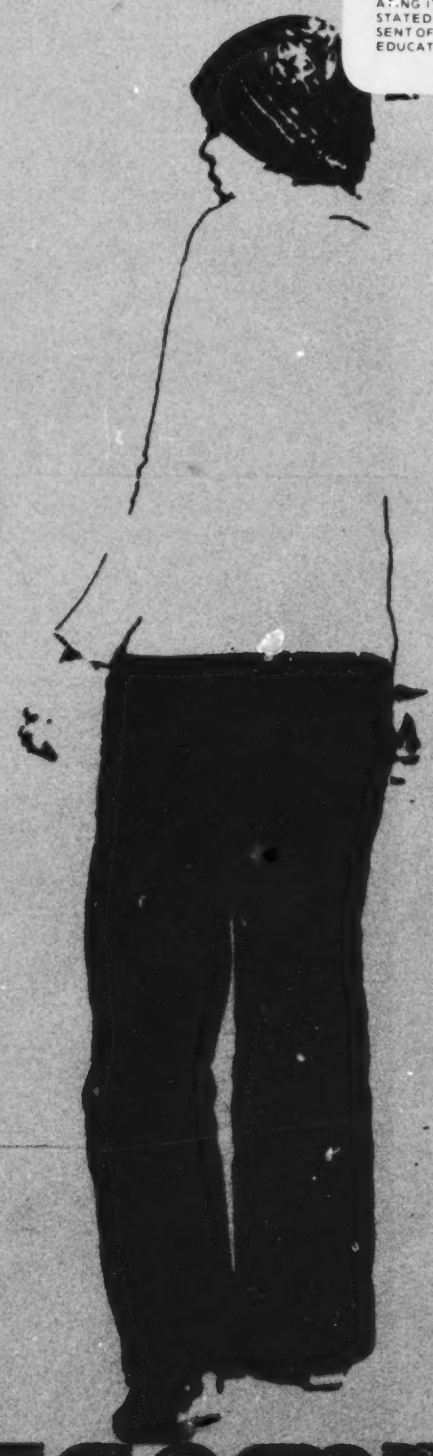

how to start a RAPE CRISIS CENTER

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introduction

HOW TO START A RAPE CRISIS CENTER: Looking Back

Since How to Start a Rape Crisis Center was first published in the summer of 1972, our direction and function in the community have expanded and changed. How to Start....has proven to be a good basic guide to starting a Rape Crisis Center. While we have reprinted How to Start...as it was originally published, the following introduction has been added to qualify and update some of its information.

Because we were the first Center of our kind, and because we are in contact with so many similar centers, we have become a national clearinghouse of information and referrals.

Locally, we are emphasizing community education and rape prevention as priorities over individual crisis counselling. We speak to community groups, schools and groups of women at their workplace. We stress rape prevention strategies, self-defense and how to deal with institutions if you are raped. We also talk about rape and women's position in society.

Some of us teach self-defense classes for women. We try to suggest alternatives to women who live in other areas: Y.W.C.A. classes, private karate schools for those who can afford them, courses at public schools, colleges, etc.

We distribute a leaflet to women called "Rape Prevention Tactics" wherever we can.

When a woman calls us after she has been raped, it's too late for "Rape Prevention Tactics" or self-defense. They are still useful; it can happen again. But for this time, it's too late. Rape victims often call us after they have bathed,douched, changed clothes and generally destroyed evidence that could be used in court. It's too late to tell them not to destroy potential evidence. If we had reached them before the rape, we could have been more effective. Often a woman has either called the police or decided not to call them, before she calls us. It's too late to brief her on police and hospital procedures or perhaps accompany her to the police. Speaking to groups of women, therefore, and emphasizing rape education, not only allows us to reach more women, but to be more effective to each individual woman. It allows us to reach women before they are raped and, perhaps, prevent some rapes.

Talking to individual women is still important. If the woman has a special problem, legal or medical question, or if she just wants to talk, we're available from 9:00 a.m. to 9:00 p.m. When we opened, we assumed that a lot of calls would come late at night. But we've found that most of our late-night calls come from crank callers.

Since we're no longer staffing 24 hours a day, our new hours free more of our

time for other activities we consider important: organizing self-defense classes, speaking and publishing. Consequently, many of our calls are business-related calls.

Our attitudes towards financing the Center have also changed since "How to Start..." In the beginning, we saw the need to keep our expenditures small. We felt that if our needs were small they would be easier to meet and survival of the Center would be more secure. But after a year, we realize that, while survival is important, growth is equally important. New projects require money. We are now actively seeking funding.

The Center is still staffed by volunteers, but we feel a definite need to have paid staff members. Since rape affects the lives of all women - regardless of race, class, or age - it is important to have a broad cross-section of backgrounds and experience included on the staff. Women can afford to make a more serious commitment if they can meet at least some of their financial needs through the Center. Without salaries, it is almost impossible to include lowerclass women in such a project.

We are interested in gaining power over our lives. This can be done at many levels. Originally, we were wary about working with public institutions, but recently, we have been involved in local community task forces on rape, and subsequent hearings. We are encouraged by the results. We also feel that we have played a large part in bringing them about. We are interested in major change, but minor victories are important, too. They give us more control over our lives so that we can function better, and they encourage us to keep struggling.

In order to reach maximum efficiency, we decided to reorganize. We sub-divided into committees; we specialized. This encourages people to become a part of a committee without the immediate assumption of "giving your life to the Center."

OFFICE	All office functions such as answering the mail, bookkeeping, maintaining files, keeping up supplies,etc.
SELF-DEFENSE	Co-ordinates and teaches self-defense to women in the Washington area; Demonstrations and speaking on self-defense.
PUBLICATIONS	Is responsible for organizing, editing, proofreading, layout, illustration and general production of all Center publications.
ORIENTATION	Solicits and trains new members for the Center, helps to coordinate individual skills with Center interests and functions.

LEGAL	Developing expertise in the legal aspects of rape, research on legal studies, making recommendations for police procedure changes and changes in courts.
MEDICAL	Developing expertise in the medical aspects of rape, working with the police, clinics, hospitals, and private physicians to gain more adequate and sensitive medical attention for rape victims.
MENTAL HEALTH	Trains staff for counselling and intervention as well as consultant in training of other personnel;
COMMUNITY EDUCATION	Seeks to educate the local community about rape and rape prevention; to break down myths about rape.
FUNDRAISING	Seeks funds to maintain operational costs of Center, and hopefully, to carry out new programs with paid staff.

preface

One of the members of the Rape Crises Center tells a story about her father who was shot from a plane during the Second World War. It seems that he owes his life to the nursing and blood given by a fellow prisoner of war. When the time came for them to separate, her father asked the Frenchman how he could ever repay him. His answer was "I do for you, you do for others."

This statement typifies the feelings of many women who work at the Rape Crisis Center, most of whom were victims of rape. At the time of their rapes these women did not have much support, and they are working to see that other women who have been raped are not alone. Hopefully, the energy for the Center to continue will come as these women turn to help another woman. Certainly, these women who have been raped have discovered that work at the Center has made this a less negative experience.

This paper is written in response to requests throughout the nation about how a rape crisis center can be started. We hope the women who read this paper will be able to discover their own way of helping others. The handbook at the Center states "This is a living document, only your contributions can make it grow." The Rape Crisis Center in Washington is living, growing, and changing. This paper should be treated in the same light--it is stopping and looking at what has happened in the first two months of the center's operations. It is our hope that readers will learn from our experiences, and go from there to develop a center that best serves their area's needs.

The Washington Center has been the result of a great deal of time and energy exerted by a number of women. This paper cannot begin to describe what the Center has meant to these women. It has meant sleepless nights, and constant frustrations, but it has also meant stopping the buck and enjoying the process of real problem solving.

The Center plans to publish an evaluation of the Center's first six months in early 1973; we hope that by then your city has joined us in working in the struggle.

The Rape Center Women
P.O. Box 21005
Kalorama Street Station
Washington, D.C., 20009
August 1972

Getting Together

In January 1972 Washington women met to discuss opening a Women's Center; one of the proposed projects was rape counselling. Since there was no on-going project in the area to serve women who had been raped, one woman at the meeting volunteered to have her name listed as the contact person for a rape project. A list of proposed projects for the Women's Center and contact persons was then circulated through various women's media in the area.

After four women had indicated a definite interest in the rape project an informal discussion was held. One of the women in the group had participated in a nine-week discussion group of rape victims the year before. The women who had participated in those meetings had developed some ideas as to what types of services and information were needed by rape victims. These ideas formed a basis for the group's initial discussion, especially by indicating what information would be needed before a service could begin. (Appendix 1 gives the working paper developed by this discussion group.)

At this first meeting a form was drawn up to circulate at a Rape Conference sponsored by George Washington University's Women's Liberation April 7 and 8. (See Appendix 2 for a copy of the form.) The form was used up until the time the Center was opened as a way of contacting women who might be interested in working on the project. These forms were circulated at every available opportunity -- primarily at women's meetings.

Following the George Washington conference a group of seven women met on April 12. At that meeting several basic, but important decisions were made. It was decided that meetings would be held weekly from 7:30 to 10:00 p.m. The decision to end all meetings at 10:00 allowed women who came to make definite plans, since endless meetings tend to limit a group to women with few commitments or chronic insomnia. This policy has remained in effect.

It was also decided that minutes would be kept and duplicated. This was initially done to prevent repetition of information and to keep information from getting lost. It has been found that keeping minutes has helped in briefing new Center members on what has gone on.

Probably the most important decision at that first formal meeting was to focus on counselling and serving the needs of rape victims. Police and medical liaisons were to be made insofar as it was necessary to be effective in helping the women we would be working with. We have since heard from a number of women who were involved in projects to get the police and hospitals to change their procedures in treating rape victims. These efforts usually ended up in a lot of energy being spent to get some marginal changes. Although it is too soon to measure the impact of the Rape Crisis Center in effecting the desired changes in police and hospital procedures, and the manner in which they are carried out, current evidence is that the existence of the Center has put pressure on these agencies to change themselves.

On April 19 a tentative schedule of meeting topics was drawn up as follows: May 3, discussion of what a rape victim needs in order to get an idea of what counselling would involve; May 10, discussion with a lawyer to cover legal questions; May 17, training session with a psychologist; May 24, meeting with women who wanted to act as police and medical liasions; May 31, discussion of what we were prepared to do. Although the schedule was never adhered to in reality, it did set out what information we needed and gave the group a basic direction. (Appendix 3 gives an actual schedule of meetings held up to the time of the Center's opening.)

One of the women in thegroup lived in a townhouse in a commercially zoned section of the city. At one meeting she mentioned that she was interested in forming a living collective. Since most of the women in the group were living in stable situations this did not come about; however, one other member of the group did move into the house and other women living in the home agreed that the Center could be located there. Eventually it is hoped that all women living in the house will be members of the Rape Crisis Center, but this is still far in the future.

Police and Legal Information

Police

It was immediately decided when the Center first met that we did not wish to work directly with the police; however, initially the Center intended to inform the police of its existence. The item of how and what the police should be told was constantly pushed off the agenda by more urgent business. Finally, it was obvious the idea of informing the police was dead. Interestingly enough, "well informed" sources have indicated that the local police are very much aware of our existence.

While it might be interesting to posit why this stand-off relation has continued, it is obvious it has its benefits. First, we do not waste much energy in having to engage in meaningless games with the police bureaucracy. Secondly, we have, at least up to the present time, avoided being subject to direct pressure from the police. Thirdly, we probably keep the Sex Squad, the division assigned to rape cases, responsive--this is because a Center member accompanies a woman to the police station as "a friend" of the victim. Since the police do not know the names of all the Center's members, it may at times be assumed that an actual friend of a victim may be felt by the police to be a Center "friend".

Of course, the main issue was not whether to work with the police, but whether a rape should even be reported. On one hand it can be argued that because of the rarity of rape convictions, the haranguing questions asked at the police station and in the court, and the voyeurism exhibited by many police officers, a woman should be discouraged from reporting a rape--personal considerations aside, it just doesn't do much good. On the other hand if rapes are not reported, or if the rapist is not otherwise dealt with, this would mean that men can rape with full knowledge that nothing will happen to them. Since the Center realizes there is validity in both positions, we do not advise a woman one way or the other. We give her whatever information is necessary, and, of course, offer full support no matter what decision she makes.

In helping a woman reach a decision as to whether she wants to report a rape or not, it is necessary to know how the state law defines rape and to have some idea of how cases are usually resolved. Commonly the corroborating evidence necessary to prove rape is: proof of penetration; use of force; and lack of consent. If penetration cannot be proved it is still possible to charge a man with attempted rape. Interpretations of what constitutes sufficient evidence of force and lack of consent may vary from jurisdiction to jurisdiction. Obviously, if there is physical evidence of assault there is no problem in verifying these two elements. (In such a case it would seem that the defendant should be charged with assault as well as rape; it is far easier to get a conviction on the assault charge.) If, however, the woman did not or could not physically resist her assailant she may find that the police, the prosecutor, or the defense attorney (and eventually the jury) will question whether force was used or if she actually

consented.

In certain instances, then, it would seem that a woman has little to gain by going to the police. If she has not been physically beaten, boyfriend rapes are not likely to be taken seriously. Most "pick up" rapes, as well as rapes involving the use of drugs (including alcohol) are likely to be discounted. Unless a woman is legally separated, under the law she cannot be raped by her husband. Except in the last case, we would not directly advise a woman whether or not to report a rape--which could result in charges of our acting to obstruct justice--however, we would inform her of the types of questions she will be asked, and point out those cases where it seems dubious that her claims of lack of consent and use of force will be believed. If the woman believes that her own integrity demands that she report the incident, we would offer the same services and support that would be given to a woman who has a "stronger" case.

If a woman does wish to report the rape a Center member will accompany her to the police. (Generally, the preferred order is to go with the woman to the hospital and have the hospital call the police.) If it is possible this escort should be the woman who answered the phone. First, she can give a statement confirming the woman's story, assuming it is the same one she told over the phone. Secondly, where signs of psychological stress are considered evidence of lack of consent, report of the phone conversation may be considered supporting evidence. Thirdly, as we gain more experience working on the telephone it seems that a large portion of the conversations follow a pattern with certain concerns paramount, e.g., bewilderment, an inability to cry, feelings of dirtiness; this experience would allow us to affirm that a particular victim had psychological reactions that are typical immediately after a rape. (It would seem that police and hospital personnel would have a similar expertise; however, they tend to rely on outward emotional reactions. Few women we have talked with are hysterical immediately after the rape. Furthermore, we found in terms of role playing, the patterns we have observed from answering the phone were not completely anticipated, e.g., rarely, if ever, does a phone conversation start with "I was raped.")

The primary purpose of accompanying a woman to the police is to offer her support during the waiting and interrogation. Also, having another woman present should insure that the police ask only germane and necessary questions, and that established procedures are followed.

To date no woman from the Center who has accompanied another woman to the police has been asked to leave during the questioning. We routinely inform a woman that if we are asked to leave, we will do so; however, she may leave also. If this does happen we would then call one of our legal resources, to have a lawyer look into the reasons for the request to leave to see if this is legally allowed, and, if so, what can be done to alter the situation.

Eventually we would like to establish informal liasons with policewomen, so we can be informed of what goes on in the police department, what areas are the most vulnerable and changeable, and how changes might be implemented. Obviously,

recommendations for change are more likely to be adopted if we have reliable information on the police department.

Legal

Without a doubt the most valuable resources available to the Rape Crisis Center are lawyers. While contacts with most lawyers and law students are useful, it is necessary to establish contacts with criminal lawyers and attorneys working in the prosecutor's office as quickly as possible. For it is these lawyers who are familiar in dealing with rape cases, who are aware of special problems, and who have the most concrete, specific information. Generally, the Center refers all questions involving an actual victim's case to a practicing attorney. No matter how well intended, it is realized that it is too easy to give misinformation on a legal matter because of the importance of seemingly minute details.

If a woman's case is going to go to court, a lawyer usually contacts her at the Center's request. The purpose of this contact is to brief her as to what types of questions may be asked, and to reassure her if she has any questions or worries about the trial. We are also trying to get some actual transcripts from trials involving rape, to help inform women who will be appearing in court.

The Center is also exploring the possibility of initiating civil suits in rape cases when this seems feasible.

While the most desirable situation would be to have a lawyer directly involved with the Center, because of the time demands made on many politically active women lawyers this may not be possible. However, many lawyers are willing to be contacted and to give assistance whenever a specific problem comes up.

Medical and Hospital Information

One of the basic needs of most rape victims is concrete medical and hospital information. Even if a woman goes to a hospital she may not be seen by a gynecologist and consequently, she may not be informed of her actual needs. Of course, even seeing a gynecologist is not a guarantee of adequate care and information.

If the hospital's procedures include contacting the police or if the woman has been brought by the police to the hospital or if she wishes the police to be contacted, her major role at the hospital is to be a piece of evidence. Her body is checked for scratches and bruises and other signs of force. She is given a pelvic examination to check for lacerations and proof of penetration. Often she will be asked to comb her pubic hair; hair samples so obtained are sent to the FBI where they can be allegedly used to identify the rapist or to at least narrow down the field of possible assailants.

Usually she is given VD tests at the hospital. These tests do not indicate whether she contracted venereal disease at the time of the rape, but only if she already had it. Gonorrhea cannot be detected less than one week after the rape, and syphillis cannot be found in less than six weeks. Some hospitals give massive doses of penicillin, or alternate medication to penicillin-sensitive women, to counteract venereal disease. While it might seem desirable that this procedure be adopted by all hospitals, some doctors object to this procedure on the basis that a woman could build up a penicillin immunity, and consequently unnecessary administration of it should be avoided.

For some women there is a fear that they may have become impregnated as a result of the rape. It would seem that as part of its procedures a hospital would try to establish whether there is a possibility of pregnancy. If there is, at the very minimum it would seem that the woman should be given advice as to what can be done legally if she is pregnant. Many states which have not yet liberalized their abortion laws do allow abortions if the pregnancy is the result of a rape.

Pregnancy can be prevented by massive doses of estrogen administered either by injection or pills (the "morning-after" pill) taken twice daily for five days. Many women experience an adverse reaction to this medication, showing symptoms similar to severe morning sickness during early pregnancy. Some women bleed shortly after this, others do not; however, even if she does not bleed this is not an indication that she is pregnant. While estrogen dosages are considered to be an effective means of birth prevention, FDA has yet to approve its use for this purpose. In some areas menstrual extraction is available as an alternate means of birth prevention. This method shows some promise in that it avoids the strain involved in undergoing an abortion and the side effects of massive estrogen dosages.

In any case a Rape Crisis Center should know what procedures are performed at every area hospital. It should also know what the state's abortion laws are and

what means of birth prevention are available. In cases where birth prevention methods are not part of the hospital procedure doctors who will prescribe estrogen (this must be administered within 24 hours of intercourse to be effective) might be contacted. Also, costs for abortions should be known as well as sources of financial assistance.

While venereal disease and pregnancy may be the woman's most important problems, the question of psychological reactions should also be considered. Indications are that hospitals will provide sedatives and psychiatric references in those cases where the woman seems to be relatively agitated. Thus the woman who is calm after the rape may face difficulties when and if she experiences an intense emotional reaction. It would seem that if the rape took place at such an hour that the woman would be expected to go home to sleep she might be offered sedatives to assure a good night's sleep. Also, information on where she can get psychological help, if she should later feel the need, might be routinely offered. At the very least it would seem that women should be given sedatives for one night and psychiatric information if she requests them.

Due to the resources available to the Rape Crisis Center, just in terms of members' energy, no direct attempt has been made to change hospitals' procedures. The first step taken by the center was to find out exactly what treatment was offered by the hospital the night of the rape as well as follow-up services. Information as to whether the hospital has venereal disease, ob/gyn and psychiatric clinics was also obtained. Information as to costs in the emergency room and at the various clinics and methods of payment was collected. This data was collected on a form (appendix 4); in the near future this information will be compiled and made available to the community. All information was collected in person. First, this established some sort of contact with the hospital. Also, this often led to sufficient rapport to obtain information not normally available (and not publishable) such as whether the police were automatically contacted when a rape victim came to the hospital and whether birth preventive measures were given in Catholic hospitals.

The first contact with the hospital was informal just to gather basic information. This was followed up by a visit informing the hospital that the Center was opened and the availability of the Center's services. Hospital personnel were told that if a woman who had been raped came in, she could be informed that someone would come to the hospital and be with her if she so wished; the Center could then be called and a woman would be sent to the hospital. In recommending a woman go to a certain hospital the Center would encourage her to go to a hospital that does give prophylactic care for VD and the "morning-after" pill. Of course, this recommendation has to be considered in terms of cost factors, whether the woman wishes to report the rape to the police, and the convenience of the hospital.

In addition to this information, the Center has begun to gather information on area clinics which might be used either for the initial visit or for follow-up treatment. Information on free clinics is especially important since they rarely, if ever, expect the victim to report the rape. The Center has also tried to contact gynecologists and internists (preferably women) who will treat

tims who have not gone to the police and who will administer the "morning after" pill.

In terms of phone contacts it has been found that the medical information is frequently what the woman wants. Also, if a woman was just raped and just wants to hear someone, providing this information is generally a good way to begin the conversation. It has also been found that if the victim is a virgin or a teenager, she may want information on an internal examination. So even if the woman on duty has had many, it might be useful if she can think of what words she would use to describe it.

First, then, it would seem that the Center must have concrete medical information applicable to the area it is serving. Secondly, if possible, it should be willing to go with a woman to a hospital or a clinic if she desires. Thirdly, women should be comfortable talking about their bodies and sex; familiarity with such books as Our Bodies, Our Selves will help in getting through many phone conversations.

Emergency Phone Service

The primary aim of the women who first worked on developing the Center was to provide counselling for rape victims. Beside the obvious need to provide a phone contact so women could get in touch with the Center's staff, there was also the realization that for many women the only contact they would have with the Center would be by telephone, especially those women who wished to maintain anominity.

Even though the Center is located in a house, the life and activities of the Center center around the telephone. For many women may call the Center only once. Frequently, these are women who need specific information, medical or legal; generally they have either an "urgent" need to forget the whole thing or are receiving adequate support from friends and family, and thus do not need counselling services. Hopefully, there are few women who don't call back, or otherwise keep in touch with the Center, because they had a poor impression from their phone contact with the Center. It should be pointed out, however, that this has happened, especially during the first few weeks; everyone seems to get at least one call that throws them off stride. It also must be realized that some women will not be satisfied with the Center's services since they want instant answers--or five-minute therapy--obviously, to satisfy these women would be a sign of the Center's incompetency.

Other women may call the Center a number of times. Often they call to provide and get further information and support. Other times it is because a woman has more serious psychological difficulties. Basically the Center wishes to avoid the impression that it is equipped to provide comprehensive counselling over the phone; so if this seems to be going on the caller will be urged to seek more realistic solutions.

Before diving into counselling problems, it is necessary to examine more basic aspects of the phone service. First, since it was realized that the phone conversation was of great importance in establishing confidence in the Center, several meetings were devoted to anticipating what types of conversations take place. A mock conversation, which was worked up a week before the Center opened, is found as Appendix 5. Just as the meeting schedule was never strictly adherred to, neither has the mock conversation actually occurred. However, having it helped women handle the early calls with confidence, and the mock conversation is still used to train new women who will be staffing the phone.

An important adjunct to the mock phone conversation was role-playing phone calls. One meeting with a psychologist present was devoted to role-playing phone conversations--more meetings of this type would have been useful. Once the Center was opened instead of role playing, it was found that it was effective to devote a meeting to phone conversations. Women trade experiences about phone conversations that did not go very well and those that did. Of special help were comments about specific statements that a woman felt were particularly

useful during the course of a phone conversation.

Secondly, we decided a 24 hour phone service was most desirable. The reason for this was because we anticipated receiving calls from women who had just been raped, a crime that typically occurs after dark. We have received a few of these calls, but the bulk of the calls concern rapes which took place anywhere from a week before to a number of years before. Women who were raped recently tend to want specific information and call during the day. Women who may be experiencing particularly stressful feelings will call late at night to talk.

During the first two months the heaviest phone use has been during "business" hours. Several calls will come in between 7:00 p.m. and midnight. These calls generally require a high level of phone counselling skills. Very few calls come in between midnight and 9:00 a.m. or on weekends. We have not regretted making the decision to work on a 24 hour schedule; since the service is located in a house, women on phone duty at night, at this point, can expect a full night's sleep. We are not sure this pattern will continue, as the service gets better known and as we develop a good reputation it is likely the evening and late night hours will become busier.

Thirdly, we try as much as possible to help any woman who calls. We have concentrated on developing our service in Washington and offer the most extensive services to city women. We have been working, successfully, to develop contacts with suburban women to offer transportation and escort services. (A good source for these resource women are NOW chapters). Initially, we collected hospital information on all metropolitan area hospitals--so that our phone service would be able to offer something more than support.

For women from areas where we have little or no information, and who are too far away for us to be able to offer much concrete help, we have tried to at least refer them to someone in their area who might be of assistance. (The communications experiment of seeing how many persons have to be contacted for person A to get in touch with person B, a stranger to A, works. By contacting a few people it may be possible to come up with adequate resources. By the way, communications theorists have found that it seldom takes more than a five-person chain to link A and B). In all cases, we assure a woman that we will try to help as much as possible, but we are careful to let her know that we may not be able to do anything.

For women contemplating developing a 24 hour service, a few comments should be made. First, a week has 168 hours-- to have the phone staffed constantly requires a great deal of commitment. It must be anticipated that some of the women who initially volunteer will find that they cannot do it after one or two tries. Crank calls or a particularly stressful call can easily shake up a woman who was not sure of her commitment. Secondly, it is going to take time to develop confidence in the service--the first month may be particularly slow in terms of offering concrete service to women. Realistically, it may take

between three and six months for the phone service to be used widely. During the slow first few months, it is easy to succumb to boredom. This time should be used to develop resources and to learn as much as possible from the problems that are encountered--it makes a great deal of difference when things get hectic.

If for some reason a group finds that a 24 hour phone will not be feasible, a limited service could easily not operate during weekends and late night hours. Part of the schedule should coincide with normal working hours, since calls to various types of agencies will be necessary. Also, if the area is not a high rape-area, it might be considered using the phone as a crisis phone for women. Rape actually is related to many of women's problems, and we have found ourselves using other women's services constantly, e.g., abortion counselling, feminist counselling, and the women's legal services. Once again, it should be remembered that the first few month's phone calls in terms of numbers and types may not be typical of later calls. (We have found the number of rape calls requiring immediate and definite services, have increased, while media and public information calls are beginning to decrease).

Initially we started with one telephone (333-RAPE) for incoming calls, with a phone in the house available for outgoing calls. If a woman has a number of problems--legal, medical, and financial--a number of women may be using the phone at the same time. It might also be adviseable to have one phone located away from the main office area, so that when necessary, a call can be made with maximum privacy. (This situation is most likely to come up if a victim is in the office, who insists on supervising your phone conversation).

Little needs to be said about obscene calls--they do happen. We keep hoping that callers will get bored with the game. We have started answering the phone "Crisis Center" instead of "Rape Crisis Center," on the theory that some people found hearing the word "rape" titillating. Hang-ups are more frequent but the urge to react should be repressed: some people are obviously trying to be annoying; others want to see if the number really exists, or expect a recording on rape; sometimes it is a woman who is just too afraid to talk.

Transportation

One of the most difficult problems of the Center was to develop a workable transportation program--the problem was itensified since few of the women who organized the Center had cars. It was felt that the Center should offer transportation to a woman who had just been raped to either the hospital or to the Center. The idea of using a cab company was rejected because of their unreliability and the feeling that asking a woman to take a taxi would be too alienating.

Through solicitating in women's publications in the area and at women's meetings, a number of women volunteered to drive victims to wherever they had to go.

The next step after finding volunteers was to develop a transportation policy. This was done to insure the safety of the women who would be driving. (The transportation policy is Appendix 6).

To date, transportation demands have been minimal and all such needs have been taken care of by Center women; thus, it is too early to evaluate the transportation policy. Also, a car has been donated to the Center, but since we currently lack funds for insurance, registration and the like, we are unable to evaluate how useful this is.

Assuming that the Center's application for tax exemption is accepted, women who do drive are told that if we cannot reimburse them, this is a deductable expense.

Counselling

The Rape Crisis Center started out with the intention of becoming a counselling service. Although other activities have become important, the counselling function is the one activity which requires the greatest preparation time and thought.

It is useful that as a core project group develops that it spend considerable amounts of time together. This increases the group's cohesiveness, thus assuring group solidarity and commitment. While some of this time should be spent in informal "getting to know you" activities, it is important to develop the processes which will lead to useful, effective counselling. One necessary process is for women who have been raped to explore with the group in depth their feelings at the time of the rape and at certain periods after the rape, as well as what their needs were then and now. An essential topic is what reactions were useful and what ones were destructive. From these discussions it is possible to begin to assess what an effective counselling program might involve. (It might be useful to interject here that the following pattern has been noticed from the women who have called the Center: the first few days is a period when the woman feels isolated and alienated from herself and others; the first year is a period when the woman is very much involved with fear--on the streets, at home, and among strangers; after the first year the woman is concerned with the effect the rape has had on interpersonal relationships.)

In all cases counselling goals should be low--unless, of course, most Center members are professional counsellors. The Center emphasizes self-help. First, this is seen as advisable since it returns to the woman power over her life--something she lost to some extent when she was raped. Secondly, it avoids complications that might arise as laywomen try to take on professional roles. Center members will try to help any woman who has been raped, but if a woman shows signs of psychological reactions out of our reach we do not hesitate to recommend professional counselling. Ideally, the Center would like to refer all such women to feminist therapists; however, this is clearly impossible. No specific referrals are made to non-feminist counsellors. This is not only a political decision, in actuality they are the counsellors we have complete trust and respect for. The best alternative for referral is frequently the woman's doctor (if she has a good relationship with him/her); if this is not possible, community mental health resources might be tried.

If a woman seeks professional help, the Center will continue to offer support. We just do not want her to expect from us something which we cannot do.

In terms of counselling activities, the Center has met with a therapist on a number of occasions. While this is primarily for training, it also involves learning and participating in the processes involved in counselling. Other aids to counselling might be having women who do counselling-related work, or who have had a successful (in their eyes) therapeutic experience, discuss effective approaches. Carl Rogers and Barry Stevens, Person to Person (Pocket Books, 1971) is useful, especially "The Interpersonal Relation." Rogers' "The

Characteristics of a Helping Relationship" and Harris's I'm Okay, You're Okay might also be read.

Initially, the Center intended to limit counselling to phone support and discussion groups. Our feeling was that individual counselling only risked an unhealthy dependency relationship. However, after the first month it was clear the discussion group approach was not working. This may have been due to the different expectations of participants, discomfort with an unstructured approach, and the fact that the great diversity of women in any particular group militated against completely free discussion. Although most women reported the discussion group was helpful, they rarely attended more than once or twice. Since this lowered the morale of the group's coordinators, alternatives were adopted.

First, it was decided that mini-discussion groups would be formed when there was an immediate need for the woman to talk to someone. If the woman has serious problems several women will meet with her. This meeting begins by setting up goals for the discussion--generally to establish the woman's problems and to recommend possible solutions. When the woman is concerned about the effects of the rape, but seems to have good control over herself, it might be recommended that she meet with only one or two women. Generally, she just needs to meet with another rape victim--to know that she is not alone. These meetings usually involve sharing experiences and feelings and helping the woman begin to see how she might begin to resolve her problems associated with the rape. When the Center has used either of these approaches, they have been found to be very useful.

The discussion groups as originally set-up are to be replaced by seminars. These will be generally for women who have been raped or attacked, and any friends they might want to bring along. They are planned to be held monthly, meeting weekly for four weeks. Each week there will be a topic (thus giving the group some structure, and avoiding to some extent getting a woman closer to her feelings than she wants to be at that time). Topics that will be considered include: what does rape do to a woman; how can fear be effectively dealt with; what are the impacts of rape on interpersonal relationships; what are the most effective ways of resolving the emotional problems associated with rape. Thus the overall theme of the seminars with the "Rape: The Victim's Perspective." Hopefully, discussion groups will form for the seminars or women may decide to work with the Center. (It should be noted that women who staff the Center report they never felt so unconcerned about having been raped. Just having the Center and being a part of it has helped some women change a devastatingly negative experience into something that is more positive or perhaps even completely positive.)

Other advantages of the seminar approach are that it should de-emphasize the problem of too much diversity, since a larger group of women can be attracted. Also, it gives the Center more flexibility, since the seminars can be scheduled in different places and at different times each month.

Rape Conferences

Perhaps no single device has served so many purposes for the Center as have the rape conferences. Prior to the Center's opening, conferences offered an opportunity for participants to educate themselves and their audience. They also provided a chance to contact who might have wanted to work on the project. In addition, they provided money; the first three months of the Center's operating costs came from one conference ($200). Of course, the conferences continue to offer all the above advantages.

A rape conference involves a two or three hour program. A lengthy presentation has been given with the inclusion of a feminist therapist; however, it is possible for a non-professional with preparation to handle the psychological aspect. The original topic was the psychology of rape; this is now in two segments, case findings on rape (since the major source is Amir's Patterns of Forcible Rape, this discussion concentrates on the rapist) and the victim's reaction to the rape. Other topics are: medical needs of the victim and the hospital procedures; police procedures; rape laws and court decisions; the politics of rape; self-defense. The self-defense portion includes a discussion on the importance of women's physical strength and a brief demonstration. There is also a brief explanation about the Rape Crisis Center, its services and its future plans. (See Appendix 7 for currently available publications which might help in preparing such a conference.)

After the presentation there is a question-and-answer period; then the audience is invited to break into small groups for informal discussion for as long as they wish.

All of the conferences to date (with the previous description) have been given at colleges and universities. Individual members have held smaller seminars, discussion at community centers, and talks in the high school classrooms. Colleges are usually a good place to begin since a campus group is often willing to sponsor such a conference. A university setting has the advantage of publicity machinery, plus they usually have student activity funds available to pay for the conference. (Our basic fee is $200 --- obviously this is negotiable depending on the groups.)

Future plans for conferences and workshops include NOW groups, high schools, national conferences, and political caucuses.

While the center would prefer to give their conferences only to women, this sometimes causes problems, e.g.; many colleges will not allow such discriminating activities on campus. (However, publicity may read ALL WOMEN INVITED and the idea comes across well enough.) Men are not allowed to participate in the discussion groups. If there are several discussion groups and men present, one mixed discussion may be set up.

Publicity

Since the Center wanted to reach as many women as possible, we quickly became aware of the need for adequate and accurate publicity.

The first publicity effort on a city-wide basis was participation on a six-part series on a local newscast. Five segments involved women from the Center talking about rape, especially the emotional reactions involved, and police and hospital procedures. Throughout the series women from the Center appeared as rape victims and talked in terms of their own experience. These women appeared on television full-face using their first names. This was a difficult decision, but the women felt it was the only way to begin to end the guilt and shame associated with rape. The women involved have not regretted this decision, and for the most part received good reactions from friends and acquaintances.

Before other women embark on a similar project, they should spend some time thinking things out. In order for this type of exposure to be successful, the women participating should be very supportive and trusting of each other--there are risks involved and no one can predict beforehand what types of reactions might result. Prior to meeting with the reporter working on the story, the women met together several times. First, they worked out a format for each of the six segments. Secondly, they role-played to see what kinds of questions could be asked and to evaluate their answers, especially to cut out responses that would be upsetting, sensational, or damaging. After these meetings, a meeting was held with the woman reporter doing the series; the earlier discussions gave us a reasonable idea of what we could compromise on and what we would not change. Overall, the series was beneficial to the Center; however, since our media experience was nil, this was partially due to the sensitivity of the people involved in interviewing, filming, and editing.

The television series began when one of the T.V. stations wanted to do something on rape and needed to get in touch with rape victims. In a macabre sense the women working on the rape project had a monopoly on rape victims, insofar as accessibility to the media was concerned. This provided an incalculable advantage in having a fair amount of leverage in planning the program. While we continue to have this type of leverage, we have found that it is necessary to be careful as to whom we will work with. No matter how prepared we are, it is not to our advantage to go into a questionable situation; it leaves us too vulnerable to a program "producer's" ideas about which aspects are newsworthy. Before examining this aspect in depth, it will be best to summarize our other early publicity efforts.

At the time the Center opened a press release was sent to local newspapers, straight and movement magazines, radio and television stations. The idea of holding a press conference was rejected; in retrospect this may not have been wise since giving basic information to reporters consumed a great deal of time and energy during the first few weeks. Also with the benefit of hindsight a

more elaborate information sheet might have been useful as a supplement to the press release; at least it would have cut down on some of the repetition involved in media requests for information. (The press release is Appendix 8, and the information sheet is Appendix 9.)

News sources obviously spend considerable time watching each other. After the final television segment, the Washington Post, the major local newspaper, called for an elaboration of the press release and did a short article. A week after the Center opened, the Post then did an information editorial on the Center's activities. The importance of the Post meant that its coverage gave the Center legitimacy, and this started a literal tidal wave of media requests. Requests for further information came from both local and national media. It was hard not to be excited when a correspondent for a London paper called.

Information for short, factual articles was given over the phone. Television, radio and in-depth press requests were decided by the Center at its weekly meetings. This was necessary to conserve our energy and to assure that coverage would be fair, accurate and sympathetic to our goals. Certain types of requests were routinely turned down since it was felt they would invade women's privacy, specifically requests to cover discussion groups or to report on actual phone conversations. Also, since the Center's address is not given out, no video coverage could be done at the Center. (This is probably a good time to point out that no men are allowed in the Center--thus male reporters were turned down on requests that involved coming to the Center. Of course, we were willing to meet on "neutral" grounds if this was desired.) We also tried to limit ourselves to reporters who we were familiar with; women reporters were always preferred. People who were known for their expose-type approach were usually told that we could not cooperate with them on a detailed story.

Initially the Center concentrated on local coverage. If something local seemed reasonable, the Center did it. Generally it was hoped media coverage would: make us known in the community; get us in touch with rape victims; attract women who might be able to work at the Center; generate some funds, through donations or speaking requests. After the first month it was obvious that coverage by a small suburban radio station covered none of these things--so we tried to have these done by taping interviews over the phone.

By the end of the second month, phone calls after coverage did not increase significantly, leading us to assume that most of the media consumers in the area are aware of the Center. There will be additional coverage in September --a television special and a feature article in a Sunday supplement--which would inform women who were not in town during the summer. This means our media goals are in the process of changing; in the future there will probably be a greater emphasis on educating the public to start a consideration of society's attitudes toward rape and institutional (hospital, police, court) procedures in the treatment of victims.

Women who actually participated on any particular program were decided by the group. Requests for a group of women were met by having all the women interested participate. News spots were done by women who were articulate, had a lot of information, and were able to put it across quickly and easily. Longer program and talk shows required an understanding of the program, and an attempt to match the woman with the program. Some women are more suited for radical-type programs, whereas other women come across better on more conservative forums. One of the dangers is that after a few appearances, a woman feels like she has said the same thing a million times and becomes bored with the whole process. The Center would like every woman who wants media experience a chance to do it, but being sloppy in pressuring a reluctant woman to do a program can be fatal. Some interviewers are clearly insensitive, and can easily play into a woman's anger. Unless a woman is particularly skilled at debate, confrontation programs are not useful--unfortunately, programs that were not thought to be confrontational may become so.

It should be remembered that rape affects all women. As a part of the women's movement, the Rape Crisis Center must work to underplay a white middle-class image insofar as this does exist. If the community is interracial and there are women in the Center from various ethnic groups, their presence should be felt on major media presentations. (This exposure must be for each woman). Hopefully, this will develop the confidence of all women in the Center. Our experience has been that third world and lower class women have been satisfied with the services; the need is to develop greater trust so that fewer women will feel reluctant to contact the Center.

Responses to the Center's early publicity led us to other organizations that should have information about us. These include all area crisis lines, i.e., hot lines, suicide prevention, and emergency mental health lines, college and university counselling and health services, junior high school and high school counselling and health services, settlement or neighborhood houses, libraries, and various social and welfare agencies. These agencies were sent the press release and the information sheet. A number of referrals, usually involving very young women with serious needs, have come from these agencies. Contact with them is helpful since they frequently have information which the Center has not collected.

Fliers were prepared for posting. (These cannot be included in the appendix since the original poster resulted in a threatened lawsuit due to possible copyright infringement). Places which were known to have well-read bulletin boards were given posters; this included all the libraries in the District of Columbia. Also a calling card (Appendix 10) was printed and is freely distributed; women are encouraged to post these in women's rest rooms, and leave them wherever women might spot them.

One final comment might be made about publicity. Although a press conference

would have saved a lot of needless repetition, there is much to be said for the gradual approach. The frequent lulls during the first few weeks gave us a chance to become comfortable with answering the phones. It gave us an idea as to what types of services would be expected. It also gave us an opportunity to work out the kinks without feeling harried. In relation to the public, watchers and readers have been hearing about us at least every week so that we aren't a one-day sensational story that has been forgotten. The community is reminded that we are still functioning and serving the needs of women who have been raped.

Putting It All Together

The Rape Crisis Center is a women's collective open to all women who have a commitment to work on the Center's projects. Since rape effects all women, the Center can only be successful insofar as it attracts a diverse group of women as members of the Center. At this time, most of the women in the Center are in their 20's and early 30's. They come from various class and racial backgrounds. While all the women are capable and intelligent, many of them have not attended college. Some are fully employed professionals, others are unemployed, some have part-time jobs, and some are students. Most of the women identify themselves as "feminists" or "radical feminists." Some relate to men, others are totally involved with women. Specific political orientations are varied; the majority of the women didn't at first come out of the women's movement, although their consciousnesses grew quickly. Amidst all this diversity, few conflicts arise. It is necessary, of course, for all the women to feel a deep commitment to working with women; women who have not felt this way usually fail to work with the Center for more than a short period of time.

The greatest potential problem is political, i.e., how the Center should relate to the police. For the most part, after working at the Center for a period of time, attitudes toward established institutions tend to become less diverse. It is hard to deal with problems associated with rape for any period of time without getting angry. As long as this continues, it can be expected that the possibility of serious political conflicts will decrease. At the present time, all the women working in the Center genuinely like each other. This means that the group dynamic and the group cohesiveness should further prevent any serious problems emerging from this openess

The openess of the Center is reflected in its By-Laws. (Appendix 11) As the Center develops it is anticipated that the By-Laws will change, but it is hoped that the group will continue to function as a collective.

In terms of leadership and responsibility, it is felt that a woman should be involved to the extent she feels comfortable. It is realized that women do have different capacities so that a moderate amount of specialization is tolerated. The only activity all Center members are expected to participate in is staffing the phones. This is because the phone is so central it is unlikely that a woman could really be informed or involved in the Center's activities without this experience.

Once the Center emerges from its current impecunious state, it is planned to add a number of positions. Current positions in the Center are bookkeeper and representative to the Coordinating Council of the Washington Area Women's Center. Positions that should be developed in the near future are truly shit-work jobs; however, it was felt that someone had to be responsible for these activities or else everyone became confused and frustrated. The anticipated positions are: Head Housekeeper, who will be responsible for household management, especially details in providing crisis housing;

Communications Coordinator, who will be responsible for office management; publications and Media Coordinator, who will be responsible for arranging coverage and getting information about programming from those who request spots about the Center.

As was mentioned before, the Center developed from the work of a small group of women; the group has been constantly growing. Initially when a number of women indicated an interest in working at the Center, we tried to have orientation sessions. These never did work, primarily because they ended up in the middle of summer floods, so the Center has tried to integrate new women into the Center whenever they come/ For the most part, it takes about three weeks for a woman to develop a feeling for what is going on. Usually, a woman is asked to come in for a long period of time, approximately 4 hours, for training; hopefully, this activity helps overcome the problems caused by being thrust into the middle of a highly active group. Fortunately, while the group tends to be close, new women have been quickly welcomed. The amount of work involved requires a large number of women in the long-run, so a new woman has no problem in discerning that she is needed. Also, many of the new woman have been raped and the common bond makes relating to each other less difficult. In any case, we have found that since rape truly is every woman's problem, it is easy to discover just how powerful sisterhood is.

Closely related to this is the availability of resource women. Many women cannot become involved with the Center's activities because of other committments, but are willing to share their expertise. Major resources are women who will provide transportation, lawyers, and medical personnel. Women who have worked in government welfare agencies are also useful. Eventually, every woman is a potential resource. Sometimes we just need to contact a woman who has lived in a certain city to find out what services are available there.

Before discussing the Center's favorite topic--how we are funded--two activities should be briefly discussed. First is emergency housing. Since it is realized that a woman might not wish to be alone after a rape, the Center has offered housing and food to a woman for two nights. Bedding is provided by stacking mattresses, solicited from the community to make "beds" which are usually three mattresses high. This means any bed can multiply as the occassion arises.

The two night rule is difficult, and it is easy to feel that a specific case should be extended. Thus far, the urge has been resisted and looking back on the times when this problem came up, this was the best decision. Most of the housing requests have not been from women who did not want to be alone, but from women who had no place to go. Thus, an extension could easily go on indefinetly. Usually, the two day limit offers sufficient opportunity to find housing for the woman; if not, Center members have usually taken the woman into their homes. Provisions of housing at the Center is most desirable, since this assures that there will always be someone around, besides the Center prefers

that its activities not become too decentralized.

The other activity is self-defense. Originally it was hoped that the Center could provide self-defense training for women in the community who wanted it. If this was done, the Center would end up giving self-defense 24 hours daily. The one woman in the Center who has the most extensive self-defense training is training other women in the Center. These women will, in turn, begin to train still other women. It is hoped that the Center will be able to provide some training for high school physical education teachers, since ultimately we would like to see self-defense as a part of high school women's P.E. curriculum.

This then brings us to our final topic--how do we pay for this? One thing we have learned during the last few months is that a moderately effective service can be run on a very limited budget if there is a high level of in-services, i.e., women who freely donate transportation. Our funds have come from rape conferences. In the future, we hope that some publications will provide additional monies. We are also hopeful that private foundations will be willing to make donations to the Center. One of our first decisions made by the Center was not to solicite or accept government funds. Of course, this closes off opportunities for substantial funds, but it does help preserve the Center's independence. In any case, we want to avoid the situation that we become so dependent on a large budget, that a decrease in the money available would threaten the Center's survival. We need more money than we have currently, but in any case, we do not want to change our basic orientation of women helping other women. Too much funding would tend to make us an elite-members worst nightmares are that they are sitting at the Center 50 years hence still operating as rape counsellors. Actually our orientation to money is utter amazement that the Center has done so much on so little--but one day of watching the Center in operation would explain it. The Center survives on women's energy, committment, and love for one another and for women in general.

appendices

Appendix 1

Working Paper Done by Rape Discussion Group
Summer 1971

Medical

Needs:

1. A list of doctors who would be sympathetic and willing to treat rape victims without reporting them to the police.

2. A complete and coherent explanation of the procedures that each of the hospitals that treats rape victims in the area employs. What latitude a woman has in rejecting any of these procedures. Whether a woman can demand a different doctor, or a resident if she is being treated by an internist.

3. Whether another woman would be allowed to accompany the woman for the examination, if not, why?

4. Do the hospitals administer tests which are pointless at that point and then charge the woman for them? How much are hospital procedures determined by police requirements, and how much are they determined by the needs of medical attention required by the victim?

5. How can procedures that are unacceptable be changed or dropped from the hospitals program?

6. What are the alternatives to going to a doctor, a hospital at this time? What would be needed to create adequate alternatives?

7. Where is the morning-after pill available? What other options does a woman have if she is afraid she might become pregnant as a result of the rape? How do hospitals handle the possibility or do they ignore it?

8. What places can the later test for VD be done at? Do hospitals make provisions for these? Are there independent laboratories that would do readings on tests prepared by para-medical people as opposed to doctors?

Legal

Areas that need clarification

1. What are the exact liabilities to private doctors treating rape victims without reporting them to the police?

2. What are the liabilities to hospitals? What procedures can the individual demand or refuse to undergo? Can the hospital legally refuse to treat an emergency at any point because of a refusal to undergo police or hospital

procedure?

3. What is the status of the morning-after pill now? What is the legal situation of someone who dispenses it to a rape victim?

4. What are our rights to accompany a rape victim: to the hospital; at the time she is interviewed by the police; what are our rights to advise in both cases?

5. In these areas above, if the discrimination against women is based on legalities, how can they be changed? If they are based on attitudes, how can they be fought or circumvented?

Areas of police and court discrimination:

1. Why don't police treat rape victims like human beings?

2. Why are the women questioned from the time the rape is reported through the medical examination and in some cases, afterward? Why is the burden of proof of the rape placed so heavily on them? What can be done to change this?

3. Eliminating obnoxious police attitudes, joking about the rape, crudeness, and accusing the rape victim of lying.

4. Having interviews done once, intensively and by a woman.

5. Possibility of reporting that a rape took place without subjecting the victim to these procedures when there is no chance that the rapist could be identified.

6. Why in the courts is the burden of proof on the woman when such extensive medical procedures are gone through at the hospital, supposedly for identification purposes? What possibilities are there for safeguarding the rights of the women who do prosecute so they are not destroyed in the courtroom or countersued if they lose the case?

7. In cases of interracial rape, is the medical data used to get convictions which would be inadmissable in court or adequate in a case of intraracial rape?

Counselling

1. What to say over the phone: if the rape has just occurred? If the woman has not been raped in the previous 24 hours but wants only medical or legal advice.

2. How to handle the personal contact with a woman who has just been raped: personal physical contact; dealing with shock or hysteria: accompanying the woman to the hospital, doctor or with police-information, resources, rights; staying with the woman after the above or seeing that she does not have to

stay alone.

3. Other needs: medical tests for VD--gonorrhea (at least a week later), syphillis (six weeks later); discussion groups; court action; possibility of working with a counselling group.

Use or disclosure of proposal data is subject
to the restriction on the title page of this Proposal.

Appendix 2

Form Used to Solicit Project Participants

Rape Counselling

We are in the midst of planning rape counselling services for women in the Washington area and we need your help.

Basically we want to do the following things:

Provide crisis counselling for rape victims
Emergency phone to provide referrals and information
Immediate physical contact when needed
Accompaniment to police and hospital (if desired)
Group discussions

Provide information on rape prevention

Work to make police and hospital contacts helpful, positive experiences, instead of humiliating ones.

Develop an on-going discussion about rape and its political implications

Work to have the mass media provide realistic information concerning rape

None of these things can happen without your participation in the project. If you have any ideas or wish to work, come to our meetings on Wednesdays from 7:30 to 10:00 p.m. For further information call:_____

Name _____

Address _____

Phone _____ Interest _____

Are you interested in forming a discussion group with women who have been raped?_____

Would you be willing to work to establish liasions with the police and medical profession? _____

All contributions would be gratefully appreciated.

Does the hospital have a VD clinic?

Does it have a psychiatric clinic?

Is the woman given seditives?

Is the woman given psychiatric/psychological referrals?

Please attach copy of examination forms used in rape cases. Also, any other written information--procedures, etc.---which might be useful and is available.

Name of any other hospital personnel we would want to keep in touch with:

Information given by:

_____
Name and position

_____
Date

_____
Information given to

Appendix 3

Chronology of Meetings Up Until the Opening of the Rape Crisis Center

April 5 — Initial meeting. Development of form to solicit women's participation in the project.

April 15 — Establishment of the project's basic goals, and discussion of how meetings would be conducted.

April 19 — Development of schedule for topics that had to be covered. Discussion of what might happen in a phone conversation and drawing up an outline of a possible phone conversation.

April 26 — Rape Conference at American University.

May 3 — Discussion by women who had been raped as to what types of help and reactions were helpful and what reactions were detrimental.

May 10 — Rape Conference at University of Maryland.

May 17 — The following topics were considered: opening a bank account, appointing a treasurer, deciding that women in the project would donate speaking fees on rape to the Center; assigning women to prepare a press release; assigning women to develop a list of media to receive the release; assigning women to find out hospital procedures; assigning a woman to arrange for phone installation.

May 24 — Approval of press release and review of hospital procedures.

May 28 — Marathon meeting: refinement of mock phone conversation; discussion of discussion group goals and procedures; scheduling the first week of phone duty; drafting of by-laws.

May 30 — Meeting with a psychologist to discuss what we proposed to do and a session of role-playing.

June 1 — Opening of the Center.

Appendix 4

Hospital Form

Name and address of hospital:

Charge for basic ER treatment of rape victims:

Payment: _____Payable at the time of treatment, cash or check
_____Billed
_____Medicaid
_____Medicaid applicants can be accepted and processed
_____Other information

Veneral disease:

Type of information given:

Is this information given verbally or written?

Is preventive (prophylatic) treatment given? Specify treatment:

Possible pregnancy:

Is the possibility of pregnancy established?

If it is possible that the woman is pregnant what is she advised to do? Be specific.

Is any treatment given? Specify treatment:

Is the woman treated:

_____When an OB/GYN room is available
_____After the police come
_____When most other medical emergencies have been treated or
_____When a doctor is available

Is the woman treated by:

_____A gynocological intern or resident
_____Whatever staff is available

Follow-up: Referral to private physician_____
Referral to hospital clinic_____
Indicate clinics to which she would be routinely referred

_____

Appendix 5

*Mock Phone Conversation

Us: Crisis Center
Caller: I was raped.
Us: When?

a. if just raped: offer to call a cab to bring her to the Center; possible that Jan or Sue will be able to go to the hospital or police; give her what information we have, and let her make her own decisions. Police require evidence of: penetration, force, lack of consent. Need to get from Ann medical information on free clinics for women who do not go to the hospital. Remind the woman that the hospital will report the rape to the police. The best lead into this conversation may be the question, "How can I help you? Can I...?" If the woman will not be coming to the Center that night but will be going to the hospital, ask her to call the next day or so. At that point she may have unanswered questions about pregnancy and VD; also, may be interested in a discussion group.

d. if a past rape: try to get her to talk somewhat about her feelings. This should provide some help if she doesn't want to pursue a discussion group; also builds up some confidence in us; might indicate what discussion group would be suitable. Possible questions: Have you ever talked to anyone else about it? How do you feel now about it? How did you feel then? Why do you feel you can talk to someone now? Have you ever tried to work out your feelings with other people? Would you like to try to work in a discussion group? If she would, give her the name of the group's coordinator, address and meeting time. Ask if she would like you to call the coordinator of if she would prefer to. Before referring her to a group if she has not been raped, make sure that a raped woman has not been referred to the group for the same week.

*This phone conversation role-play was made May 30, 1972 before the opening of the Center.

Appendix 6

Transportation Policy

When a woman calls

Number of women to be sent: One woman will be sent if she lives in a house or apartment building with a lobby. (By a lobby we mean a place where the woman is willing to wait or where she can be called by a secretarial service.) Two women will be sent when it will be necessary to go to the woman's apartment. If the woman will be going to the hospital or the police, the woman who received the call is expected to go, since she will be able to confirm the woman's story to the police.

Who will be sent: One woman, a transportation volunteer who is nearest the woman; two women, the second woman not at the center, make routing arrangements involving the least amount of milage or; two women, one at the center, and a transportation volunteer who is closest to the center. If possible try to have her pick up the relief woman.

Relief woman: If the woman on duty will have to escort a woman, she should call in someone to take over the phone until she returns. Relief women are those who have volunteered for this duty; try to call women living relatively close to the center. If a relief woman cannot drive over or be picked up, she should call a cab. This is a reimbursable expense.

When a hospital calls

Number of women to be sent: One woman will be sent if it is merely to pick up a woman at the hospital or the woman is willing to wait with her. Two women will be sent if the woman providing transportation cannot wait with the woman.

Who will be sent: Call a woman living closest to the hospital if only one woman is sent. If two women are to be sent, try to arrange a routing involving the least amount of milage.

Adopted 12 July 1972

Needs to be done

Compile a list of women who will work relief/accompany transportation woman.

All transportation women need to be called to clarify limitations on calling, willingness to wait at the hospital, and review the transportation policy with them. Tell women that we are not able to reimburse them currently, but that they should keep a record of milage since we are applying for tax exempt status and this would be a deductable expense.

Appendix 7

Publications to Prepare for
Rape Conferences

Amir, Monachem. Patterns of Forcible Rape. Urbana, Ill. University of Chicago, Press, 1971

Griffin, Susan. "Rape: The All American Crime." Ramparts September, 1971, pp. 26-35

Lear, Martha Weinman. "Q. If You Rape a Woman and Steal her TV, What Can They Get You for in New York? A. Stealing her TV." New York Times Magazine. January 30, 1972 pp. 11, 55-62

MacDonald, John M. Rape: Offenders and Their Victims. Springfield, Illinois : Charles C. Thomas, 1971

Massey, Joe B. "Management of Sexually Assaulted Females." Obstetrics and Gynecology, 38 (1971), 190-192

Meterhof, Barbara and Pamela Dearon, "Rape: An Act of Terror," Notes from the Third Year: Women's Liberation Notes from the Second Year, Inc., 1971, pp. 79-81

Women Against Rape. Stop Rape. Detroit: Women against Rape, 1971 (Copies may be obtained from Women's Liberation of Michigan, Room 516, 2230 Witherell, Detroit, Michigan 48201. The pamphlet retails for $.25 per copy).

Appendix 8

Press Release

The Washington Area Women's Center is announcing the formation of a complete rape counselling service-- the first of its kind in the area-- to begin operation June 1, 1972. The Rape Crisis Center is opening in response to the sky-rocketing increase of rapes in Washington and to the lack of real aid for the victims of rape. The Center will be staffed by women who have gained expertise in dealing with the problems of rape and who intend to deal with its social causes as well as its results.

The services of the Rape Crisis Center will emphasize group discussions and will include individual counselling and legal and psychiatric referrals. In addition, the Center will make available women to accompany those who have been raped to hospitals and police stations. Sessions in rape prevention and self-defense will be offered as well.

The number for women to call for information and emergency aid will be, as of June 1, 1972, 333-RAPE.

Appendix 9

Information on the Rape Crisis Center

The Rape Crisis Center is the result of the voluntary efforts of a group of women who began meeting together in April 1972. We welcome the participation of any woman in the Washington metropolitan area who has a commitment to helping in any of the Center's activities.

The following is a brief description of the Center's current activities.

Crisis Counselling

Initial contact is through a 24-hour phone service.
Phone contacts provide medical, police and legal information. We try to get women to talk about the incident, if they wish. Women are referred to discussion groups. If this is not possible, arrangements will be made to have her meet with a small group of women who have been raped. Generally, we do not provide one-to-one counselling, since this would seem to encourage a dependency relationship. Women who require psychological help beyond what we can provide will be referred to professionals.

Discussion groups: We have organized discussion groups of 5-10 women who have been raped or otherwise attacked. Discussion groups will try to get women to explore and share their feelings about the experience, so that they can recognize and resolve any problems related to the rape.

Escort service: We are still developing plans to provide immediate physical contact for women who have just been raped. Women who would have to stay alone for the night will be housed at the Center during the crisis period. We will try to go to the police station and hospital with the women.

Related Information

Hospitals and medical: Project members have collected information on area hospital procedures. This information is needed so that we can provide a woman accurate information. We know if women are given: sedatives; venereal disease information; the morning-after pill; psychiatric referrals. If these things are not done, we plan to work toward having these procedures implemented. Women who do not wish to report the rapes are referred to medical services where they can receive treatment.

Police and legal: Information is being gathered on local laws and police department procedures. Initially, this will help us give accurate information to women. Eventually we hope to have the police develop more humane procedures. A number of women are interested in working on having the laws changed.

Other Activities

Publications: Currently information is being worked up for eventual publication of a pamphlet applicable to the D.C. area. We are also hoping to do a number of papers on rape, depending on project members' interest and energy. Also, articles and books on rape will be collected for the use of women wishing this information. Bibliographies will also be compiled.

Rape Conferences: Conferences have been held at several local universities and this will be a continuing activity. Also, individual members of the project are available to give speeches on rape and on the Center.

Self Defense: Lessons in self defense are being given.

APPENDIX 10

CALLING CARDS

WOMEN IN THE D.C. AREA

If you have been raped or sexually attacked call us for free legal, medical and psychological assistance, referrals and alternatives. Also free housing with women, escort groups, self-defense, and discussion groups.

RAPE CRISIS CENTER
(202) 333-RAPE
(24 hour service)

APPENDIX 11

Bylaws of the Rape Crisis Center
Washington, D.C.

The Rape Crisis Center is a voluntary association of women to provide necessary assistance to rape victims and victims of sexual attacks, and to provide the community with information on rape.

Article 1: Membership. Membership in the Center is open to all women who have been involved in the Center's activities. All members are expected to share in the responsibilities pertaining to the Center's continuing activities.

Article 2: Meetings. The Center will hold weekly meetings which are open to all members. All policy decisions are to be made by the members present at the general meeting at which the decision is to be made. Minutes of the meeting will be taken at every meeting and distributed at the following meeting. This responsibility will rotate among members.

Article 3: Finances. Bookkeeping responsibility will be shared by those women who are empowered to sign checks. Women in the Center who accept speaking engagements on rape are expected to contribute their speaking fees to the Center.

Article 4: Functions of the Center.

a. Emergency phone service: provides immediate contact and information to women who have been raped or attacked.
b. Discussion groups: groups of 5 - 10 women will be formed to discuss their reactions to the rape or attack and how they feel they can resolve these feelings.
c. Escort service to the police or hospital.
d. Emergency housing.
e. Publication and dissemination of information.

Article 5: Revision of Bylaws: Bylaws can be revised by a majority of the members present at the meeting following the proposed revision.

Adopted 24 May 1972

In an Emergency

MAR 13 1975

If you Want to Report a Rape to the Police and Prosecute

- Do not destroy evidence: do not clean up, bathe, douche or change clothes.
- Write down details about the rapist and circumstances of the rape as soon as possible.
- Call the police immediately (D.C. Sex Squad- 626-2201 or 626-2000). Time is important.
- Demand to go to the nearest hospital; take a change of clothes with you.
- Call a friend or the Rape Crisis Center for support.

You should have tests for Venereal Diseases 6 weeks after the rape.

If you were raped in the middle of your menstrual cycle (12-16 days after your last period ended) and if you were not on birth-control, your chances of being pregnant are increased. If you are nervous or worried get sedatives or tranquilizers; you may want them later if you have trouble sleeping. Call the Rape Crisis Center for more information or referrals.

The Rape Crisis Center is a nonprofit organization staffed by volunteers.
We are entirely funded by private donations.
speaking engagements and donations for our literature.

Rape Crisis Center

p.o. box 21005, washington, d.c. 20009

333 RAPE

9am to 9pm weekdays
10am to 6pm weekends

facts about rape

60 percent of rapes are planned.

50 percent of rapes are committed in the home.

50 percent of rapes are committed by an assailant known to the victim.

2/3 of convicted rapists are married and have regular sex.

FBI estimates only 5-15 percent of all rapes are ever reported.

Rape is defined as forced vaginal penetration. Forcible Sodomy is defined as forced oral or anal penetration. Both are considered Sexual Assaults.

In Order to Prove Rape in D. C. You Must:

- Show signs of penetration (Sperm)
- Show that force was used (Bruises, cuts, etc.)
- Prove that you did not consent

If you report a rape you will have a detective from the Sex Squad, a medical examiner, and a lawyer from the District Attorney's office involved in your case.

The Rape Crisis Center provides:

Information on how to report a rape
What to do if you do not report a rape
Supportive group/individual counseling and crisis intervention
Speakers and programs
Publications
"Rape Prevention Tactics"
Self defense classes
Medical and legal information

Rape Prevention Tactics

On the Street

If at all possible; DON'T walk through a group of men; walk around them, or cross the street.

DO look like you're sure of yourself outside.

DO Yell "FIRE" if you fear danger; DON'T yell "RAPE" or "HELP."

At Home

DO complain to the landlord about broken locks, windows or lights where you live.

DO know your neighborhood; where bars, bus stops and other public places are located.

Some Basics

DON'T carry a weapon unless you know how to use it; it can easily be taken away and used against you.

DON'T strike at an attacker's crotch; he will naturally protect it.

We have a more complete list of Rape Prevention Tactics. You may receive it by sending us a stamped, self-addressed envelope.

Rape
Crisis
Center
p.o. box 21005,
washington, d.c. 20009